



PASSPORT To Health Provider Handbook



September, 2005

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Appendix A: Medicaid Covered Services

- This table contains general information about services by provider type. It is not a comprehensive list of services or prior authorization and PASSPORT requirements. For detailed information regarding prior authorization, PASSPORT approval, coverage, and cost sharing information, refer to the Medicaid billing manual for your provider type (e.g., *Physician Related Services, Hospital Outpatient Services, etc.*). Providers may verify PASSPORT and prior authorization requirements for specific services by contacting Provider Relations (see *Key Contacts*).
- Covered services are subject to change based on changes in funding, legislative action, and changes in administrative rules.
- When a client is enrolled in PASSPORT To Health, most services must be provided or approved by the PASSPORT provider. The following table shows whether clients need PASSPORT provider approval to visit a provider. Even though clients don't need PASSPORT approval to visit some providers, some of the services rendered by these providers may require PASSPORT approval.

Medicaid Covered Services					
Services Provided by:	Covered Under Full Medicaid?	Covered Under Basic Medicaid?	Need PASSPORT Provider Approval?	Need Prior Authorization?	Age Restrictions
Ambulances	Yes	Yes	No	Yes for scheduled transport (For emergencies, providers have 60 days following service to obtain authorization.)	No
Ambulatory surgical centers	Yes	Yes	Yes *** Except for some services listed at the end of this table.	Some services require PA.	Some procedures and diagnosis codes have age restrictions.
Audiologists	Yes	No*	No	No	No
Chiropractors	Yes (Under 21 and QMB only)	Yes (Under 21 and QMB only)	Yes	No	Under 21 and QMB only

Medicaid Covered Services (continued)

Services Provided by:	Covered Under Full Medicaid?	Covered Under Basic Medicaid?	Need PASSPORT Provider Approval?	Need Prior Authorization?	Age Restrictions
Dentists and Orthodontists	Yes	No*	No Some services require authorization, such as dental surgery.	Some services require PA or have limits.	Some procedures and diagnosis codes have age restrictions.
Denturists	Yes	No*	No	Some services require PA or have limits.	Some procedures and diagnosis codes have age restrictions.
Dialysis – attendant in the home	Yes	Yes	No	Yes	No
Dialysis – freestanding centers	Yes	Yes	No	No	No
Durable medical equipment, medical supplies, and prosthetics providers	Yes	No* Except for items identified in the program's fee schedule.	No	Some services require PA.	Some age restrictions apply. See the Medicaid billing manual for your provider type.
Eyeglass providers	Yes (Some limitations apply.)	No*	No	No	No
Federally qualified health centers (FQHC)	Yes	Yes (Except for dental services.)	Yes *** Except for some services listed at the end of this table.	No	No
Hearing aid providers	Yes	No*	No	Yes	No
Home and community based service providers (HCBS waiver) provided to qualifying clients in the client's home	Yes, but must be screened and meet level of care requirements.	Yes, but must be screened and meet level of care requirements.	No	Yes	No
Home health care providers	Yes	Yes	Yes	Yes	No

Medicaid Covered Services (continued)

Services Provided by:	Covered Under Full Medicaid?	Covered Under Basic Medicaid?	Need PASSPORT Provider Approval?	Need Prior Authorization?	Age Restrictions
Home infusion therapy providers	Yes	No	No	Some services require PA.	No
Hospice providers	Yes	Yes	No	No	No
Hospitals (inpatient)	Yes	Yes	Yes *** Except for some services listed at the end of this table.	Some in-state services require PA. All out-of state admissions and some services require PA.	No
Hospitals (outpatient)	Yes	Yes	Yes *** Except for some services listed at the end of this table.	No Except for therapy services over 40 hours for children	No
Hospitals (emergency services)	Yes	Yes	No	No	No
Hospitals (swing bed)	Yes	Yes	No	Some services require PA.	No
Indian Health Services (IHS)	Yes	Yes	No	Some services require PA.	
Intermediate care facilities for the mentally retarded	Yes	Yes	No	Some services require PA.	No
Laboratory providers	Yes	Yes	No	No	No
Licensed clinical professional counselors	Yes	Yes	No	Some services require PA.	No
Mental health case management providers	Yes	Yes	No	Some services require PA.	No
Mental health centers	Yes	Yes	No	Some services require PA.	No
Mid-level practitioners (includes advanced practice nurses and physician assistants)	Yes	Yes	Yes *** Except for some services listed at the end of this table.	Some services require PA.	Some procedures and diagnosis codes have age restrictions.

Medicaid Covered Services (continued)

Services Provided by:	Covered Under Full Medicaid?	Covered Under Basic Medicaid?	Need PASSPORT Provider Approval?	Need Prior Authorization?	Age Restrictions
Nursing facilities	Yes	Yes	No	Some services require PA.	No
Nursing facilities for the aged mentally retarded	Yes	Yes	No	Some services require PA.	No
Nutritionists	Yes	N/A	Yes	No	Under 21 only**
Occupational therapists	Yes	Yes	Yes	No	No
Optometrists and Ophthalmologists (medical treatment of eye disease)	Yes Some limitations apply.	No*	No	No	No
Personal care services in a client's home	Yes	No	No	Yes	No
Pharmacies	Yes	Yes	No	Some services require PA.	No
Physical therapists	Yes	Yes	Yes	No	No
Physicians	Yes	Yes	Yes *** Except for some services listed at the end of this table.	Some services require PA.	Some procedures and diagnosis codes have age restrictions.
Podiatrists	Yes	Yes	No	No	No
Private duty nursing providers in non-institutional settings	Yes	N/A	Yes	Yes	Under 21 only**
Psychiatrists	Yes	Yes	No	No	Some procedures and diagnosis codes have age restrictions.
Psychologists	Yes	Yes	No	Some services require PA.	No

Medicaid Covered Services (continued)					
Services Provided by:	Covered Under Full Medicaid?	Covered Under Basic Medicaid?	Need PASSPORT Provider Approval?	Need Prior Authorization?	Age Restrictions
Public health clinics	Yes	Yes	Yes *** Except for some services listed at the end of this table.	Some services may require PA.	Some procedures and diagnosis codes have age restrictions.
Residential treatment centers	Yes	N/A	No	Yes	Under 21 only
Respiratory therapy providers	Yes	N/A	Yes	No	Under 21 only**
Rural health clinics (RHC)	Yes	Yes	Yes *** Except for some services listed at the end of this table.	No	No
School based services providers	Yes	N/A	Yes Except immunizations and mental health services.	No Except private duty nursing services.	Under 21 only
Speech therapists	Yes	Yes	Yes	No	No
Social workers (licensed)	Yes	Yes	No	Some services require PA.	No
Substance Dependency, inpatient and day treatment providers (state approved programs)	Yes	N/A	No	Yes	Under 21 only
Substance Dependency, outpatient providers (state approved programs)	Yes	Yes	No	No	No
Targeted case management providers	Yes	Yes	No	No	Some procedures and diagnosis codes have different age restrictions.

Medicaid Covered Services (continued)

Services Provided by:	Covered Under Full Medicaid?	Covered Under Basic Medicaid?	Need PASSPORT Provider Approval?	Need Prior Authorization?	Age Restrictions
Therapeutic family care	Yes	N/A	No	Yes	Under 21 only
Therapeutic group home care	Yes	N/A	No	Yes	Under 21 only
Transportation (commercial)	Yes	Yes	No	Yes (Call 1-800-292-7114 for PA)	No
Transportation (specialized non-emergency)	Yes	Yes	No	Yes (Call 1-800-292-7114 for PA)	No
X-ray providers	Yes	Yes	No Some services may require authorization.	No	No

* This service may be covered if it is “essential for employment” or an emergency. See the Medicaid billing manual for your provider type for details.

** This service is covered for all ages under the Home and Community Based Services program.

*** These services do not require PASSPORT approval:

- Pregnancy related services
- Immunizations
- Anesthesiology services
- Pathology services
- Testing and treatment for sexually transmitted diseases
- Family planning services
- Mental health services
- Ophthalmology services
- Testing for blood lead levels

Definitions and Acronyms

This section contains definitions, abbreviations, and acronyms used in this manual.

Administrative Review

Administrative reviews are the Department's effort to resolve a grievance about a Department decision in order to avoid a hearing. The review includes an informal conference with the Department to review facts, legal authority, and circumstances involved in the adverse action by the Department.

Administrative Rules of Montana (ARM)

The rules published by the executive departments and agencies of the state government.

Authorization

An official approval for action taken for, or on behalf of, a Medicaid client. This approval is only valid if the client is eligible on the date of service.

Basic Medicaid

Patients with Basic Medicaid have limited Medicaid services. See *Appendix A: Medicaid Covered Services*.

Centers for Medicare and Medicaid Services (CMS)

Administers the Medicare program and oversees the state Medicaid program. Formerly the Health Care Financing Administration (HCFA).

Children's Health Insurance Program (CHIP)

This plan covers some children whose family incomes make them ineligible for Medicaid. DPHHS sponsors the program, which is administered by BlueCross BlueShield of Montana.

Client

An individual enrolled in a Department medical assistance program.

Cosmetic

Serving to modify or improve the appearance of a physical feature, defect, or irregularity.

Cost sharing

The client's financial responsibility for a medical bill, usually in the form of a flat fee.

DPHHS, State Agency

The Montana Department of Public Health and Human Services (DPHHS or Department) is the designated State Agency that administers the Medicaid program. The Department's legal authority is contained in Title 53, Chapter 6 MCA. At the Federal level, the legal basis for the program is contained in Title XIX of the Social Security Act and Title 42 of the Code of Federal Regulations (CFR). The program is administered in accordance with the Administrative Rules of Montana (ARM), Title 37, Chapter 86.

Early Periodic Screening Diagnosis and Treatment (EPSDT)

This program provides Medicaid-covered children with comprehensive health screenings, diagnostic services, and treatment of health problems.

Emergency Services

Emergency medical services are those services required to treat and stabilize an emergency medical condition.

Fair Hearing

Providers may request a fair hearing when the provider believes the Department's administrative review determination fails to comply with applicable laws, regulations, rules or policies. Fair hearings include a hearings officer, and can include attorneys, and witnesses for both parties.

Full Medicaid

Patients with Full Medicaid have a full scope of Medicaid benefits. See *Appendix A: Medicaid Covered Services*.

Group PASSPORT Provider

A Group PASSPORT To Health provider is enrolled in the program as having one or more Medicaid providers practicing under one PASSPORT number.

Indian Health Services (IHS)

IHS provides federal health services to American Indians and Alaska Natives.

Medicaid

A program that provides health care coverage to specific populations, especially low-income families with children, pregnant women, disabled people and the elderly. Medicaid is administered by state governments under broad federal guidelines.

Medicaid Eligibility and Payment System (MEPS)

A computer system by which providers may access a client's eligibility, demographic, and claim status history information via the internet.

Medically Necessary

A term describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client. These conditions must be classified as one of the following: endanger life, cause suffering or pain, result in an illness

or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There must be no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this definition, "course of treatment" may include mere observation or, when appropriate, no treatment at all.

Medicare

The federal health insurance program for certain aged or disabled clients.

PASSPORT Approval Number

This is the number the PASSPORT provider gives to other providers when approving services. This is a seven digit number issued to the PASSPORT provider and must be on the claim or Medicaid will deny the service.

Prior Authorization (PA)

The approval process required before certain services or supplies are paid by Medicaid. Prior authorization must be obtained before providing the service or supply.

Provider or Provider of Service

An institution, agency, or person:

- Having a signed agreement with the Department to furnish medical care and goods and/or services to clients; and
- Eligible to receive payment from the department.

Retroactive Eligibility

When a client is determined to be eligible for Medicaid effective prior to the current date.

Sanction

The penalty for noncompliance with laws, rules, and policies regarding Medicaid. A sanction may include withholding payment from a provider or terminating Medicaid enrollment.

Solo PASSPORT Provider

A Solo PASSPORT To Health provider is enrolled in the program as an individual provider with one PASSPORT number.

Team Care

A utilization control program designed to educate clients on how to effectively use the Medicaid system. Team Care clients are managed by a “team” consisting of a PASSPORT PCP, one pharmacy, the Nurse First Advice Line, and Montana Medicaid.

Well Child Check Up

Regularly scheduled check ups to screen for and treat specific pediatric problems. The check ups include immunizations as defined in the EPSDT chapter of this manual.

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